

Change of Address Form



Assessment Number	Property Address

First Owner/Occupier Details	Second Owner/Occupier Details (if applicable)
Surname:	Surname:
Given Names:	Given Names:
Residential Address:	Residential Address:
Date you commenced occupying this address:	Date you commenced occupying this address:
Postal Address (if different from above):	Postal Address (if different from above):
Phone Number:	Phone Number:
Email:	Email:
Signature:	Signature:

Do you require a different billing name or address? (provide details below)

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Does this property have more than two owners? (provide further details below or attach another form)

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Please select the relevant records to be updated:

- | | | |
|--|----------------------------------|----------------------------------|
| <input type="checkbox"/> Creditors | <input type="checkbox"/> Debtors | <input type="checkbox"/> Library |
| <input type="checkbox"/> Planning Applications | <input type="checkbox"/> Rates | <input type="checkbox"/> Tenant |

Please enter any other information or instructions:

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